



UNITED STATES MARINE CORPS
MARINE CORPS INSTALLATIONS NATIONAL CAPITAL REGION
MARINE CORPS BASE QUANTICO
3250 CATLIN AVENUE
QUANTICO, VIRGINIA 22134-5102

MCINCR-MCBQO 5100.17
B 013
25 Mar 16

MARINE CORPS INSTALLATIONS NATIONAL CAPITAL REGION-MARINE CORPS BASE QUANTICO
ORDER 5100.17

From: Commander
To: Distribution List

Subj: AUTOMATED EXTERNAL DEFIBRILLATION PROGRAM

Ref: (a) American Heart Association Science Advisory Circulation
2005;111;3336-3340 "Lay Rescuer Automated External Defibrillator
Programs" (2005)
(b) Public Law 106-505, Public Health Improvement Act (Cardiac Arrest
Survival Act of 2000), (13 November 2000)
(c) DOD Instruction 6055.6 (21 December 2006)
(d) "Guidelines for Public Access Defibrillation Programs in Federal
Facilities," 66 Federal Register 28495-28511 (23 May 2001)
(e) DOD Guidelines for Public Access Defibrillation Programs in
Federal Facilities (15 August 2003)
(f) SECNAVINST 5100.17

Encl: (1) Generic Annual PAD Program Response Plan Memorandum
(2) AED Event Report
(3) AED Inspection Form

1. Purpose. To provide policy, guidance, structure, and establish responsibilities in order to develop, implement, and maintain a Public Access Automated External Defibrillator (AED) Program at Marine Corps Installations National Capital Region-Marine Corps Base Quantico (MCINCR-MCBQ) in accordance with references (a) through (e). A Public Access Defibrillation (PAD) Program will provide Department of Defense Military, DOD Civilian and non-DOD personnel on MCINCR-MCBQ with rapid access to an AED in the event of a Sudden Cardiac Arrest (SCA).

2. Definitions

a. For the purposes of this Order, the term "Command" may refer to a single Command or multiple facilities under a single Commanding Officer (CO) or Officer-in-Charge (OIC).

b. Public Access Defibrillation (PAD) Program - establishes the protocol, policy, and procedures for placing AEDs in a facility in an effort to make AEDs available to victims of SCA when EMS services are not immediately available.

c. Automated External Defibrillator (AED) - is a Food and Drug Administration approved device that recognizes the presence or absence of VF/tachycardia and without operator intervention determines if defibrillation should be performed. If determined that defibrillation should be performed the device automatically charges and prompts the operator to deliver the electrical shock.

d. Defibrillation - is a process in which an electronic device delivers an electric shock to the heart. This helps reestablish normal contraction rhythms in a heart having dangerous arrhythmia or in cardiac arrest.

e. Public Safety Answering Point (PSAP) - is the answering point (i.e. dispatch center) for individuals calling for EMS, fire, or law enforcement assistance.

f. For the purposes of this Order, the term "AED site" shall refer to a location such as a building, plant, unit, or outdoor arena where one or more AEDs may be located.

g. For the purposes of this Order, the term "AED location" shall refer to a specific location within a site such as a security station in a building or outdoor arena where a single AED is located.

h. Emergency Medical Services (EMS) - is a system of trained, certified, and properly equipped personnel that provide triage, treatment, and transport of the sick and injured to medical treatment facilities for definitive medical care.

i. Navel Health Clinic Quantico (NHCQ) - is the Agency who will oversee an AED program for the purposes of providing medical direction and oversight including the provision of medical authorization for the purchase of AEDs, training, issuing of certification, and the review of incidents where AEDs are utilized.

j. Consumables - for the purposes of this instruction, are any medical supplies that are single use patient care items such as pocket masks, towels, spare batteries, and electrodes etc.

k. Perceived Medical Emergencies - are circumstances in which the behavior of an individual leads a reasonable person to believe that the individual is experiencing a life-threatening medical condition requiring immediate medical response regarding the heart or other cardiopulmonary functions of the victim?

l. Installation AED Coordinator- an individual who is responsible for the implementation and administration of the program; the Coordinator will be the Assistant Fire Chief Of Emergency Medical Services at Quantico F&ES and will be appointed by the Installation's Chief of F&ES.

m. AED Warden-an (Unit Safety Representative USR) individual who is responsible for the administrative actions and operations of the PAD AED at their designated AED site. The Commanding Officer shall appoint the AED Warden.

3. Scope and Applicability. This Order establishes the responsibility and authority of Fire Chief, Quantico Fire and Emergency Services to develop, implement, and maintain a comprehensive, standardized PAD Program at MCINCR-MCBQ.

a. This Order applies to all Commands and Tenants.

b. The Quantico Fire and Emergency Services (F&ES) Program shall have overall responsibility for the PAD Program for MCINCR-MCBQ.

c. This Order is applicable to any person (DOD and Non-DOD Personnel) who is on the Installation at the time of a medical emergency requiring emergency intervention.

d. The Installation NHCQ is responsible for offering AED training to personnel in locations identified for AED deployment per Military Training networks regulation and guidance. CPR and AED training may be available from multiple services on a single installation.

4. Exemptions. This training does not apply to DOD contract employees.

5. Policy.

a. Anyone can operate an AED; however, proper training should be encouraged for the public and all personnel, and may be required in high-risk areas (fitness centers, visitor centers, etc.).

b. For each AED activation by DOD or Non-DOD Personnel the EMS run report shall be completed and submitted to the Installation EMS Coordinator for the Installation where the AED was used, regardless of whether or not shocks are delivered. The digital files from the AED will be retained for a **minimum (7) years**. The Installation EMS Coordinator will conduct post incident review, which will include lessons learned. Federal law requires (FDA) Med Watch Form #3500 to be submitted in the event of any failure or malfunction of an AED during use.

c. The Installation AED Coordinator shall be appointed by the Installation F&ES Chief and shall work with the EMS Coordinator or EMS service either on or off the installation to ensure AED compatibility with the EMS services equipment per SECNAVINST 5100.17.

d. All AED and equipment purchases shall be approved by the installation AED Coordinator to ensure consistency and standardization. Where existing AEDs are already in-place, as the AED requires replacement, they will be replaced with units of the same manufacturers model (if available) as those used by the installation F&ES department that primarily serves the installation. All new AEDs purchased must be coordinated through the Installation AED Coordinator for standardization, compatibility, and Data entry into F&ES database.

e. A tenant or unit on the installation that places an AED within its Area of Responsibility (AOR) on the installation shall fund the initial purchase, ongoing maintenance, and replacement of batteries and supplies. The type and model of AED purchased by the tenant or unit shall be provided by the installation AED Coordinator to insure compatibility and optimize the training, maintenance, and supply replacement processes.

f. A tracking system must be in place that allows the documentation of inspection, AED maintenance, and testing and records should be maintained for a minimum of seven years. Facilities where AED's are located shall assign appropriate personnel from the Command or Tenant to perform AED Inspection monthly. Supplies should be checked for adequate quantity, condition, and expiration date. Readiness display/status indicators should be checked to ensure battery(s) are in good working order.

g. MCINCR-MCBQ F&ES Program serves as the principal method for the effective and efficient provision of professional pre-hospital emergency

medical care. The PAD program will not substitute for, or replace any component of the F&ES Program.

h. The MCINCR-MCBQO Commander has the authority and responsibility to protect personnel, equipment, and facilities subject to their control per reference (c). Nothing in this instruction or PAD AED Program shall detract from, or conflict with, the inherent and specified authorities and responsibilities of the Installation Commanders.

i. The Installation Fire Chief is the Office of Primary Responsibility and will appoint an Automated External Defibrillator (AED) Coordinator for the installation. The installation departments may assist with annual CPR and AED training in accordance with federal and local laws, rules, and regulations that govern AED use, for personnel in locations identified for AED deployment as outlined in this instruction.

j. The Installation AED Coordinator shall identify and prioritize locations for the placement of AEDs on the installations following a risk-based strategy that considers the likelihood of a cardiac arrest, frequency, installation and facility population, security barriers, operational requirements, and historical EMS call volume. Where appropriate, AEDs should be placed in appropriate AED cabinets that are well marked by 3 dimensional signs visible in all possible directions and will alarm when opened. At a minimum, AEDs shall be placed in the following locations:

- (1) Gymnasiums
- (2) Fitness centers (staffed)
- (3) Athletic facilities
- (4) Swimming Pools
- (5) Commissaries
- (6) Schools
- (7) Main exchanges
- (8) Administrative buildings (population over 1000 persons over an eight hour average)

k. At a minimum 3 persons at a designated AED site shall be trained in CPR and AED use.

l. The Commander, MCINCR-MCBQO through the F&ES Fire Chiefs, shall establish and maintain required PAD program capabilities per DON guidance. Required PAD capabilities will not be deemed to exist until they are properly organized, staffed, equipped, trained, exercised, evaluated, and sustained per DON guidance.

m. Installation F&ES Programs and associated plans are the responsibility of Installation F&ES Programs per references (b) and (d).

n. It shall be the responsibility of the Command AED Coordinator to provide the Public Safety Answering Point (PSAP) with a list of AED sites/locations.

o. Installation PAD Programs should be consistent with State, Local, and/or Other Service (or host nation) plans to the greatest extent possible.

6. Administration and Logistics.

- a. MCINCR-MCBQO Fire & Emergency Services staff will provide overall

responsibility for the implementation, administration, and sustainment of the installation Public Access Defibrillation (PAD) program and shall:

(1) Retain and exercise operational control (OPCON) over assigned personnel and assets within their AOR.

(2) Provide operational input to support requirements development process.

(3) Prioritize allocation of resources and capabilities within their AOR in support of implementation of the PAD Program.

(4) Provide guidelines for a PAD Program for MCINCR-MCBQ F&ES department.

(5) Develop and promulgate MCINCR-MCBQ PAD Program guidance that is integrated with the installation F&ES pre-hospital protocols.

(6) Develop and promulgate an Implementation and Transition Plan for the phased implementation of the Base PAD Program.

(7) Exercise administrative control (ADCON) over assigned personnel and assets.

b. PAD Program NHCQ shall:

(1) Assist development and implementation of clinical medical standards supporting the Installation PAD Program.

(2) Provide Medical Direction and Medical Control for MCINCR-MCBQ PAD Program per reference (f).

(3) Coordinate training and continuing education programs for the PAD users. Oversee annual training and skill proficiency demonstrations. Maintain CPR and AED certification and training records on all PAD users in accordance with Military Training Network Guidance.

c. Installation Fire and Emergency Services (F&ES) Programs shall:

(1) Have authority over the Installation PAD Program.

(2) Conduct an evaluation of post-event review forms and digital files downloaded from the AED.

(3) Establish further regulations as needed to ensure the delivery of proper patient care within the PAD user's scope of practice.

d. Installation AED Coordinator, to be designated by the Installation Fire Chiefs shall:

(1) Ensure proper training and review the use of all AEDs. Maintain all training records and ensure that all potential users have participated in training and updated as necessary. Maintain current CPR/AED instructor credentials and conduct annual training to ensure compliance with federal and local laws governing AED use.

(2) Follow up on all medical emergencies involving AED use and

conduct post incident interview as necessary to ascertain proper use and effectiveness of the AED program.

(3) Forward reports and training records to the applicable Base Coordinator.

(4) Delegate monthly inspection of the AED's in each facility and this inspection will include the accountability of corresponding inspection and maintenance documentation.

(5) Be the point of contact for all matters involving AED use for their respective Command(s).

(6) Consult with the Installation F&ES Chief regarding AED placement at facilities within the installation and confirm the locations in a written memorandum to installation F&ES and if applicable, to any municipal medical services and their 911 dispatch that may respond to the installation for an emergency.

(7) Maintain liaison with NHCQ-Medical Direction and any other applicable liaison within the Base. Report any medical emergencies involving AED use to Medical Direction.

(8) Have authority over the entire AED Program within the Installation.

(9) Establish and maintain the guidelines included in this protocol.

(10) Conduct annual review of the program to ensure effectiveness and compliance with all governing laws and procedures.

(11) Act as a resource in planning, scheduling, and administration of the AED program.

e. Tenant Commands, unit or PAD program participant shall

(1) A tenant of a unit on the Base that places an AED within its Area of Responsibility (AOR) on the Base shall appoint an AED Warden for their facility.

(2) A tenant of a unit on the Base that places an AED within its Area of Responsibility (AOR) on the Base outside of the initial startup of the program shall fund the initial purchase, ongoing maintenance, and replacement of batteries and supplies. The type and model of AED purchased by the tenant or unit shall be provided by the Installation AED Coordinator to insure compatibility and optimize the training, maintenance, and supply replacement processes.

(3) The facility AED Warden, on a monthly basis, will conduct an inspection and complete the facility AED form (Enclosure 3) and will maintain this documentation on file for the life of that AED. Moreover, Data entry shall be made into department's online database. A copy of this document will be forwarded to the Installation AED Coordinator. All inspection actions will be accomplished in accordance with the manufacturer's manual. The Installation Fire Inspector shall conduct an annual inspection of the AED's in each facility during their annual inspection of their assigned facilities and this inspection will include the accountability of

corresponding inspection and maintenance documentation. The inspection shall be loaded into the department's current National Fire Incident Reporting System (NFIRS) system and Enterprise Safety Management System (ESAMS) database for each of the AEDs located in the installation.

(4) The AED Warden will coordinate manufacturer recommended maintenance and testing of the AED (s). All maintenance and testing of the AED (s) will be in accordance with the manufacturer's recommendations. Each command is responsible for reporting non-operational units to the Installation AED Coordinator. If the fault is not operator error and the unit is still under warranty, the AED Warden will coordinate with the manufacturer, or their designated dealer, to return the unit for repair or replacement.

(5) The AED Warden will coordinate with the Installation AED Coordinator for all initial certification and recertification of CPR training for a minimum 3 personnel for all AED (s) within their AOR. The AED Warden will also be certified and maintain appropriate CPR Instructor certifications.

7. Coordinating Instructions. MCINCR-MCBQ F&ES Programs shall develop a Public Access Defibrillation Program based upon this Order.

8. Command and Signal. This instruction is effective the date signed.



ALLEN D. BROUGHTON
Chief of Staff

Signed by: BROUGHTON.ALLEN.DALE.1168122922

Generic Annual PAD Program Response Plan Memorandum

DATE:

MEMORANDUM FOR _____ PAD PROGRAM

FROM:

SUBJECT: Annual Update of Unit Public Access Defibrillation (PAD) Program Response Plan

The AED Warden for the (unit name) is _____, who may be contacted at _____.

AED Location(s) for (Name of Unit or Function) are as follows (Describe actual location of AED so that anyone could come into your building and locate the AED following the directions)

In the event of a suspected acute cardiac event, unit personnel will respond in the following manner.—(Describe how an alarm will be initiated when a suspected acute cardiac event is witnessed. If the unit is using teams of Lay Responders, how will they be rapidly notified? Who calls 911, who performs CPR, who gets the AED? Who will meet the EMS crew that responds to ensure that the victim can be rapidly located? In general, the chain of events should be as follows:

- Recognize cardiac arrest
- Activate EMS - call 911
- Provide CPR
- Attach/operate AED safely

Unit Director/Commander's Name, Rank,
Title, Your Unit

AED EVENT REPORT

Location of event:

Date of event: _____ Time of Event: _____ Victim's name:

Was the event witnessed or non-witnessed? Witnessed/Non-Witnessed

Name of trained rescuer(s)/responder(s):

Internal response plan activated? YES/NO Time activated: _____

Was 9-1-1 called? YES/NO Time activated: _____

Was pulse taken at initial assessment? YES/NO

Was CPR given before the AED arrived? YES/NO

If yes, name(s) of CPR rescuer(s):

Were shocks given? YES/NO

Total number of shocks _____

Did victim..

Regain a pulse? YES/NO

Resume breathing? YES/NO

Regain consciousness? YES/NO

Was the procedure for transferring patient care to the emergency medical team executed? YES/NO

Comments:

Any problems encountered?

Printed name of person completing form with daytime and nighttime contact phone numbers

NAME: _____ Number: (D) _____ (N) _____

FAX SHEET TO "ATTENTION OF BASE AED COORIDNATOR"

ASSISTANT FIRE CHIEF EMS
Facility AED Inspection Form

Inspector: _____
Building Number: _____
AED Serial Number: _____

Date: _____
AED Location: _____

- Open cabinet door.
- Verify tamper alarm sounds. ____ OK
- Verify tamper transmits to dispatch. (If Applicable) ____ OK
- Remove AED from cabinet.
- Verify alarm transmits to dispatch. (If Applicable) ____ OK
- AED displays Ready Status. ____ OK
- Turn AED on. ____ OK
- Check functionality. ____ OK
- Check date and time. Correct if needed. ____ OK
- Turn AED off. ____ OK
- AED is clean and in good condition. ____ OK
- Battery OK ____ OK
- Exp. Date: _____
- 2 Pair adult pads present. ____ OK
- Pad Exp. Date: _____
- Pad Exp. Date: _____
- Pocket Mask ____ OK
- Razor ____ OK
- Scissors ____ OK
- Towel (gauze pads) ____ OK
- Place unit back in cabinet. ____ OK
- Reset AED tamper. (If applicable) ____ OK
- Reset ADT dialer. (If applicable) ____ OK
- Installation AED Coordinator (Log inspection in ESAMS.) ____ OK

Comments: _____

